

EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name:		SSN:	
ST MARIES LOCAL OFFICE IDAHO DEPARTMENT OF LABOR 105 N 8 TH STREET ST MARIES ID 83861-1845 208-245-2012 (FAX)		Employer Name, Address, Phone & Fax	
Paid or to be paid:			
Gross earnings for the past 12 months \$		Severance: \$	On (date):
Vacation: \$		Bonus: \$	On (date):
Date vacation payment will be received:		Holiday: \$	On (date):
Supervisor's name:		Employer's phone#:	
Start date of employment:	Last day worked:		Date notice was given:

Please provide any documentation to support your position (ie: letter of resignation)

1. What reason (s) did the claimant give for quitting or giving notice to quit?
2. If the claimant cited work-related reasons, describe the working conditions:
3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.)
4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:
5. If you do not agree with the claimant's statements, please state why:
6. Additional information:
Employer/Employer's Representative Signature: _____
Print Name: _____ Title: _____
Phone Number: _____ Date: _____